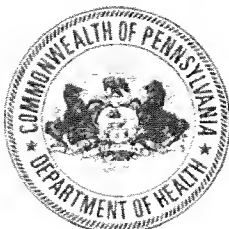


This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Audrey C. Marrocco

Audrey C. Marrocco
State Registrar

10303615

No.

October 3, 2017

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

046870

51001

CERTIFICATE OF DEATH

PRIMARY DIST. NO.

STATE FILE NO.

1. Name of deceased (First, Middle, Last) Rev. CARRIE L. LOFTON		2. Sex F	3. Date of death (Mo., Day, Yr.) 5-8-79
4. Race - (e.g., White, Black, American Indian, etc.) B.	5A. Age last birthday (Yrs., Mos., Days) 54	5B. If under 1 yr. Mo.	5C. If under 1 day Hours
6A. Date of birth (Mo., Day, Yr.) 3/7/05	6B. State or foreign country of birth S.C.	6C. County of birth Wick	6D. City, Boro, or Twp. of birth Wick
7A. PHILA	7B. PHILA	7C. ST JOSEPH'S	
8. Mailing Address (Street or RFD No.) (City or Town) (State) (Zip Code) 1320 N. 18th St. PHILA. PA. 19121		9. Marital Status W	
10. Citizen of what country? U.S.A.		11. Was decedent ever in US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Social Security Number Wick		13. Usual Occupation (Kind of work done during most of working life) MINISTER-MACHINE OPER.	
14. Where did deceased actually live? a. State Pa. b. County PHILA.		15. Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ township. <input checked="" type="checkbox"/> No, deceased lived within actual limits of PHILA. city or boro.	
16. Father's name (First, Middle, Last) DORSEY		17. Mother's maiden name (First, Middle, Last) IDA DORSEY	
18A. Informant's name (Type or Print) IDA L. MAYFIELD		18B. Informant's Mailing address (Street or RFD No.) (City or Town) (State) (Zip Code) 1320 N. 18th St. PHILA. PA. 19121	
19A. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal Date of burial, etc. 5/12/79		19B. Name of cemetery or crematory GREENMOUNT CEM.	
19C. Location (City, boro, twp.) PHILA. PA.		19D. Name and address of funeral establishment Beatrice L. Perry F.H. 2057-59 W. Oxford St. Phila. Penna. 19121	
20A. Signature of funeral director and license number <i>Beatrice L. Perry</i>		20B. Registrar's Signature <i>Audrey C. Marrocco</i>	
21A. To Be Completed By Certifying Physician Only Signature <i>Elsie H. Chu</i> Date Signed (Mo., Day, Yr.) 5-8-79 Hour of Death 3:40 P.M.		21B. To Be Completed By Medical Examiner or Coroner Signature Date Signed (Mo., Day, Yr.) Hour of Death	
22. Name and Address of certifier (Physician, Medical Examiner or Coroner) (print or type) ELSIE H. CHU M.D. ST. JOSEPH HOSP 16th & GIRARD AVE.		23. Name of attending physician	
24. Immediate cause: Enter only one cause per line for (A), (B) and (C) (A) Cardiac-Pulmonary arrest (B) Myocardial infarction or C.V.D. (C) Arteriosclerotic heart disease		Interval between onset and death 10 min 30 min 1 hr	
25. Part II. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part I (a)		Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. If Acc., Suicide, Hom., Under- or Pend. Invest. (specify)		27. Describe how injury occurred	
28A. Injury at work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28B. Place of injury (At home, farm, street, etc.)	
28C. Location (Street or RFD No.) (City, Boro, or Twp.) (State)		28D. 28E.	